

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         |                             |             |      |             |           |            |           |              |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-----------------------------|-------------|------|-------------|-----------|------------|-----------|--------------|-----------|
| SPEED LETTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | REPLY REQUESTED                         |                             |             | DATE |             |           |            |           |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 11 Aug 1970 |      |             |           |            |           |              |           |
| TO : <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | FROM: SCOP                              |                             |             | 25X1 |             |           |            |           |              |           |
| ATTN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | Helen                                   |                             |             |      |             |           |            |           |              |           |
| <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span> - (Cost Plus Award Fee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                         |                             |             | 25X1 |             |           |            |           |              |           |
| <p>Image Analysis Program.</p> <p>Your Final Inspection Report (7/29/69) gave overall performance of "Above Average". On the reverse side you were critical of motivation and management and funds expended on managing sub contract. These factors do not jibe with "Above Average."</p> <p>The "Award Fee" is based on Adjective Rating and evaluation of effectiveness:</p> <table><tr><td>Performance</td><td>_____ 75%</td></tr><tr><td>Management</td><td>_____ 15%</td></tr><tr><td>Cost Control</td><td>_____ 10%</td></tr></table> <p style="text-align: right;">Please advise _____</p> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto;"></div> |           |                                         |                             |             |      | Performance | _____ 75% | Management | _____ 15% | Cost Control | _____ 10% |
| Performance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____ 75% |                                         |                             |             |      |             |           |            |           |              |           |
| Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ 15% |                                         |                             |             |      |             |           |            |           |              |           |
| Cost Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ 10% |                                         |                             |             |      |             |           |            |           |              |           |
| REPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                         |                             | DATE        |      |             |           |            |           |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         |                             |             |      |             |           |            |           |              |           |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         |                             |             |      |             |           |            |           |              |           |
| RETURN TO ORIGINATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                         |                             |             |      |             |           |            |           |              |           |